

**BAKER BOTTS** LLP*Duplicate copy*A32040-PCT-USA-A - (072876.0102)  
PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Rudland et al.  
Serial No. : 09/173,821 Examiner: Kaushal, S.  
Filed : October 6, 1998 Group Art Unit: 1633  
For : CONDITIONALLY IMMORTALISED CELL LINES DERIVED FROM  
TRANSGENIC ANIMALS

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper for Serial No. 09/173,821 is being facsimile transmitted to the Patent and Trademark Office, facsimile number 1-703-308-4242 on the date indicated below.

Kimberly J. McGraw

Attorney Name,

Signature

May 5, 2003

Date

Assistant Commissioner for Patents

Sir:

Transmitted herewith is:

- [X] An Amendment in response to the November 4, 2002 Office Action for the above-identified patent application.
- [X] Fee Calculation.
- [ ] Check in the amount of \$\_\_\_ in payment of the three month extension of time.
- [X] Please charge our Deposit Account No. 02-4377 in the amount of \$930.00 in payment of the three month extension of time fee. Duplicate copies of this sheet are enclosed.
- [X] In the event that an additional extension of time is required in connection with this submission, including an extension of time under 37 C.F.R. § 1.136, applicants request such an extension and authorize the Commissioner to charge payment of any extension of time fee to Deposit Account No. 02-4337. Duplicate copies of this sheet are enclosed.
- [X] The Commissioner is hereby authorized to charge payment of any additional filing fees required, including and fees due under 37 C.F.R. § 1.16 and/or 37 C.F.R. § 1.17 or to

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credit any overpayment to Deposit Account No. 02-4337. Duplicate copies of this sheet are enclosed.

The Fee has been calculated as shown below:

- [X] An Extension of Time to respond to the PTO communication dated November 5, 2002 is hereby requested. The required fee, indicated below, is enclosed herewith.

Extension for response (check only one):

	<u>SMALL ENTITY</u>	<u>OTHER THAN A SMALL ENTITY</u>
Within first month	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$ 110
Within second month	<input type="checkbox"/> 200	<input type="checkbox"/> 400
Within third month	<input type="checkbox"/> 465	<input checked="" type="checkbox"/> 930
Within fourth month	<input type="checkbox"/> 720	<input type="checkbox"/> 1,440
<input type="checkbox"/> Other:		
[X] Total Fee Due: <u>\$ 930.00.</u>		

BAKER BOTTIS L.L.P.

By: 

Rochelle K. Seide

Patent Office Reg. No. 32,300

Kimberly J. McGraw

Patent Office Reg. No. 50,994

30 Rockefeller Plaza

New York, NY 10112-4498

(212) 408-2502

*Attorneys for Applicants*